



**2010 SKATE CANADA MANITOBA STARSKATE  
WINNIPEG REGIONAL COMPETITION  
SINGLES EVENT REGISTRATION  
JANUARY 16<sup>TH</sup>, 2010 - WINNINPEG, MB**

Name:	Home Phone:
Address: City/Town: Prov: Postal Code:	Email:
Age (as of Oct 1, 2009): Birthday: M      D      Y Gender: M ____ F ____ Please bring birth certificate to event	Parents Name:
Home Club: Club Number:	Work Phone:
Club Test Chair Signature	Skate Canada Number:
Coach Name: Address:	Highest Test Passed (as of November 15, 2009):  Free Skate: Interpretive: Skills:
Coach Signature	Phone: Email:
<b>As a Professional Coach I acknowledge all the information presented and the event(s) entered are correct.</b>	
Date	Date

Free Skate	Short/ Compulsory Program/Elements	Spins	Interpretive
<input type="checkbox"/> Gold <input type="checkbox"/> Senior Silver <input type="checkbox"/> Junior Silver <input type="checkbox"/> Senior Bronze <input type="checkbox"/> Junior Bronze 10 & under <input type="checkbox"/> Junior Bronze 11 & over <input type="checkbox"/> Preliminary 9 & under <input type="checkbox"/> Preliminary 10 & over <input type="checkbox"/> Pre-Preliminary 8 & under <input type="checkbox"/> Pre-Preliminary 9 & over <input type="checkbox"/> Entry Level	<input type="checkbox"/> Junior Silver/Senior Silver/Gold Combined <input type="checkbox"/> Senior Bronze <input type="checkbox"/> Junior Bronze <input type="checkbox"/> Preliminary <input type="checkbox"/> Pre-Preliminary <input type="checkbox"/> Entry Level	<input type="checkbox"/> Gold/Senior Silver <input type="checkbox"/> Junior Silver <input type="checkbox"/> Senior Bronze <input type="checkbox"/> Junior Bronze <input type="checkbox"/> Preliminary <input type="checkbox"/> Pre-Preliminary	<input type="checkbox"/> Gold <input type="checkbox"/> Silver <input type="checkbox"/> Bronze <input type="checkbox"/> Introductory <input type="checkbox"/> Pre-Introductory Program Title:
	<b>Adult Free Skate</b>	<b>Creative Skills</b>	<b>Special Olympics</b>
	<input type="checkbox"/> Adult Bronze <input type="checkbox"/> Adult Silver <input type="checkbox"/> Adult Gold <input type="checkbox"/> Adult Masters	<input type="checkbox"/> Gold Creative <input type="checkbox"/> Silver Creative <input type="checkbox"/> Bronze Creative	<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <b>Adult Interpretive</b> <input type="checkbox"/> Adult Pre-Introductory <input type="checkbox"/> Adult Introductory <input type="checkbox"/> Adult Bronze <input type="checkbox"/> Adult Silver <input type="checkbox"/> Adult Gold Program Title:

It is understood and agreed that Skate Canada, host committee or volunteers shall not be liable for injury or loss occasioned by the Athlete while traveling to or from or during the 2010 STARSkate Winnipeg Regional Competition, nor shall Skate Canada, host committee or volunteers be responsible for any damages or losses caused by the athlete during the same time. The Athlete and/or Athlete's parent(s)/legal guardian agrees to indemnify Skate Canada and hold it harmless from any claims or demands in respect of such loss or damage.

Participant Signature \_\_\_\_\_ Parent Signature (if under the age of 18) \_\_\_\_\_ Date \_\_\_\_\_

**Competition Fees**

First event - \$45.00  
 Subsequent events - \$15.00

1<sup>st</sup> Event \$ \_\_\_\_\_  
 Additional Events (#events x \$15 event) \$ \_\_\_\_\_  
 Total (Payable to: Skate Canada Winnipeg Region) \$ \_\_\_\_\_

Make cheques payable to Skate Canada Winnipeg Region.  
 Return COMPLETE registration forms to 2010 Winnipeg Regionals 84 Coralberry Ave., Winnipeg, MB R2V 2P3  
 Registrations must be received no later than **December 16, 2009**. Late or incomplete entries WILL NOT be accepted.  
 Post-dated cheques will not be accepted. NO REFUNDS after closing date of entries.



## 2010 STARSkate Winnipeg Regional Competition Pair Event Registration

January 16, 2010      Winnipeg, MB

<b>FEMALE</b>	Name:	<b>MALE</b>	Name:
Address:(Street, Box, City/Town, Prov./State, Postal/Zip Code)	Home Phone:	Address:(Street, box, City/Town, Prov./State, Postal/Zip Code)	Home Phone:
	Parents Name:		Parents Name:
	Work Phone:		Work Phone:
	Email:		Email:
Age (As of Oct 1, 2009):	Skate Canada Number:	Age (As of Oct 1, 2009):	Skate Canada Number:
Birthday: M      D      Y Please bring birth certificate to event.		Birthday: M      D      Y Please bring birth certificate to event.	
Home Club:	Highest Test Passed: (as of Nov 15/09)	Home Club:	Highest Test Passed: (as of Nov 15, 2009)
Club Number:	Pair:	Club Number:	Pair:
Club Test Chair Signature		Club Test Chair Signature	
Coach Name:		Phone:	
As a Professional Coach I Acknowledge all the information presented and the event(s) entered are correct.			
Coach Signature		Date	
<b>Pairs Free Skating</b>			
<input type="checkbox"/> Introductory Pairs <input type="checkbox"/> Open Pairs			

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\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Parent Signature (if under the age of 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Parent Signature (if under the age of 18)

\_\_\_\_\_  
Date

**Competition fees:**

**First Event - \$45.00/couple (Preliminary & Under)**

\$ \_\_\_\_\_

**Each Additional Event \$15.00 (# of events x \$15.00)**

\$ \_\_\_\_\_

**Total**

\$ \_\_\_\_\_

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## 2010 STARSkate Winnipeg Competition Dance Event Registration

January 16, 2009      Winnipeg, MB

<b>FEMALE</b>	Name:	<b>MALE</b>	Name:
Address:(Street, box, City/Town, Prov./State, Postal/Zip Code)	Home Phone:	Address:(Street, box, City/Town, Prov./State, Postal/Zip Code)	Home Phone:
	Parents Name:		Parents Name:
	Work Phone:		Work Phone:
	Email:		
Age (As of Oct 1, 2009):	Skate Canada Number:	Age (As of Oct 1, 2009):	Skate Canada Number:
Birthday: M      D      Y Please bring birth certificate to event.		Birthday: M      D      Y Please bring birth certificate to event.	
Home Club:	Highest Test Passed:	Home Club:	Highest Test Passed:
Club Number:	(as of Nov 15/09)	Club Number:	(as of Nov 15/09)
Club Test Chair Signature	Dance:	Club Test Chair Signature	Dance:
Coach Name:		Phone:	
As a Professional Coach I Acknowledge all the information presented and the event(s) entered are correct.			
Coach Signature		Date	
<b>Compulsory Dance Event</b>			
<input type="checkbox"/> Preliminary	<input type="checkbox"/> Senior Bronze	<input type="checkbox"/> Senior Silver	<input type="checkbox"/> Diamond
<input type="checkbox"/> Junior Bronze	<input type="checkbox"/> Junior Silver	<input type="checkbox"/> Gold	

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\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Parent Signature (if under the age of 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Parent Signature (if under the age of 18)

\_\_\_\_\_  
Date

**Competition fees:**

**First Event - \$45.00/couple**

\$ \_\_\_\_\_

**Each Additional Event \$15.00 (# of events x \$15.00)**

\$ \_\_\_\_\_

**Total**

\$ \_\_\_\_\_

Make cheques payable to Skate Canada Winnipeg Region.

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